

**DEPARTMENT OF HEALTH AND HUMAN SERVICES  
CENTERS FOR DISEASE CONTROL AND PREVENTION**

**ORDER PURSUANT TO SECTION 361  
OF THE PUBLIC HEALTH SERVICE ACT**

**Public Health Observation Order – Foreign and Possessions**

**SECTION A: SUBJECT INFORMATION**

Name: \_\_\_\_\_

DOB: \_\_\_\_\_

Port of Entry: \_\_\_\_\_

Date/Time of Arrival: \_\_\_\_\_

Travel Document or other ID #: \_\_\_\_\_

Locating information:

Address while in the United States: \_\_\_\_\_

Phone: \_\_\_\_\_

**SECTION B: FINDINGS**

Based upon the medical declaration, attached hereto and incorporated by reference, I make the following findings and conclusions:

1. CDC reasonably believes that you are *[infected with]* *[were exposed to the infectious agent that causes]* *[insert the applicable quarantinable disease]*. *[Insert disease]* is a quarantinable disease in the United States of America.
2. ✓ Public health observation is authorized pursuant to 42 CFR §§ 71.32(a) and 71.33.<sup>1</sup> “Public health observation” means the monitoring of the health status of an individual or group over time for purposes of determining the risk of quarantinable disease transmission. Public health observation is supported by the facts set forth in the medical declaration, which is attached hereto and incorporated by reference.
3. Based on these reasonable beliefs, I HEREBY ORDER THAT YOU COMPLY WITH PUBLIC HEALTH OBSERVATION.
4. This order shall take effect immediately and continue until CDC determines that you no longer constitute a public health threat, or a state or local order is more appropriate, and issues a rescission order subject to further action by CDC.

<sup>1</sup> “Public Health Observation,” is a form of conditional release. Conditional release is authorized pursuant to section 361 of the Public Health Service Act (42 U.S.C. § 264).

5. *[Add other findings here if relevant, if not, delete this paragraph]*

#### SECTION C: REQUIREMENTS

1. You must immediately and throughout the period of public health observation provide CDC with information concerning your health, travel plans, areas to be visited, places of residence or lodging, and any other information necessary for CDC to know your whereabouts and to remain in contact with you at all times during the period of public health observation.
2. You must report, *[insert time frame and person to whom report should be made, e.g., within 24 hours of your arrival, or first business day, at destination, in person or by telephone, to the local health officer identified by CDC, or to CDC].*

*(The local health officer is: (insert name and contact information of the local health officer. Alternatively, if direct report to CDC include name of CDC medical officer and phone number, this person should receive a copy of this order.)*

3. *[Add other requirements consistent with regulations here, otherwise delete this paragraph. e.g., report for further examination, medical examination, or testing as may be necessary to monitor health status during the period of public health observation.].*

#### SECTION D: NOTICE

1. **Legal Authority:** CDC has ordered that you comply with public health observation because it reasonably believes that you *[are infected with] [were exposed to the infectious agent that causes]* a quarantinable disease. Conditional release, including public health observation, is authorized pursuant to section 361 of the Public Health Service Act (42 U.S.C. § 264) and 42 C.F.R §§ 71.32(a) and 71.33.

2. **Penalties for Violating this Order.** You must comply with the requirements listed in this order to protect your health, the health of those with whom you may have come into contact, and the public's health. Violations of this order may subject you to a fine of no more than \$250,000 and/or one year in jail, as authorized by 42 U.S.C. § 271; 18 U.S.C. §§ 3559, 3571; and under 42 C.F.R § 71.2, or as otherwise provided by federal law.

3. **Whom to Call About this Order.** If you have any questions regarding this Order you should call CDC's Emergency Operations Center at (770) 488-7100 and request to speak to an official in the Quarantine and Border Health Services Branch of the Division of Global Migration and Quarantine.

SECTION E: AUTHORIZING OFFICIAL

[Name & Title of Authorizing Official]

Date

**NOTICE TO U.S. CUSTOMS OFFICERS, U.S. COAST GUARD  
OFFICERS OR OTHER FEDERAL, STATE AND LOCAL LAW  
ENFORCEMENT OFFICIALS:**

Under 42 U.S.C. § 268, U.S. Customs and U.S. Coast Guard Officers are required to aid in the enforcement of federal quarantine rules and regulations. Under 42 U.S.C. § 243, the U.S. Department of Health and Human Services is authorized to cooperate with and aid State and local authorities in the enforcement of their quarantine and other health regulations and to accept state and local assistance in the enforcement of federal quarantine rules and regulations.

Violation of this order, in whole or in part, as well as other federal quarantine rules and regulations, constitutes a criminal misdemeanor, punishable by fine and/or imprisonment pursuant to federal law, including 42 U.S.C. § 271 and 18 U.S.C. §§ 3559 and 3571, as may be amended from time to time.

**U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES  
CENTERS FOR DISEASE CONTROL AND PREVENTION**

**CONSENT AGREEMENT PURSUANT TO SECTION 361  
OF THE PUBLIC HEALTH SERVICE ACT**

**SECTION A: SUBJECT INFORMATION**

Name: \_\_\_\_\_

DOB: \_\_\_\_\_

Port of Entry: \_\_\_\_\_

Date/Time of Arrival: \_\_\_\_\_

Travel Document or other ID #: \_\_\_\_\_

Locating information: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_

**SECTION B: AGREEMENT**

1. *(Insert terms and conditions consistent with regulations, e.g., consent to home quarantine or isolation, hospital admission, medical examination, vaccination, monitoring by health department, wearing a mask in public, avoiding public places).*
2. Patient agrees that the CDC shall continue to maintain jurisdiction as necessary to enforce the conditions of this agreement.
3. Violations of this agreement may subject you to a fine of no more than \$250,000 or one year in jail; or both, as authorized by 42 U.S.C. § 271; 18 U.S.C. §§ 3559, 3571; and under 42 C.F.R. [§ 70.12 (domestic)][71.2 (foreign)] or as otherwise provided by law.

**SECTION C: AUTHORIZING OFFICIAL**

(Print name of authorizing official) \_\_\_\_\_

Date \_\_\_\_\_

**SECTION D: ACKNOWLEDGEMENT**

I, (insert patient name), having read this Consent Agreement do hereby acknowledge that I do understand the terms and conditions cited herein and agree to abide by the same. I further agree and acknowledge that I have signed this Consent Agreement voluntarily and without coercion.

(Patient's signature)

Date

**U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES  
CENTERS FOR DISEASE CONTROL AND PREVENTION**

**RECEIPT OF SERVICE**

I, \_\_\_\_\_ (print name), do hereby declare that the attached *[Specify order, e.g., Quarantine, Isolation, Public health observation]* *[and accompanying Medical Declaration (if applicable)]*, Pursuant to Section 361 of the Public Health Service Act, were served on *{insert patient name}* at \_\_\_\_\_ (time am/pm) this day \_\_\_\_\_ of \_\_\_\_\_, 20\_\_\_\_.

In accordance with 28 U.S.C. § 1746, I declare under penalty of perjury that the foregoing is true and correct to the best of my knowledge and belief.

Signed this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Name and Title of Authorizing Official

**U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES  
CENTERS FOR DISEASE CONTROL AND PREVENTION**

**DECLARATION OF MEDICAL OFFICER  
IN SUPPORT OF ORDER PURSUANT TO  
SECTION 361 OF THE PUBLIC HEALTH SERVICE ACT**

I, \_\_\_\_\_, do hereby declare that:

- 1) I am submitting this Declaration of Medical Officer in Support of an Order Pursuant to Section 361 of the Public Health Service Act Regarding *[Insert Name of Person to be Isolated/Quarantined/Conditionally Released]* [hereinafter "the Patient"].
- 2) I am a *[List Title and Medical Degree]* of the Centers for Disease Control and Prevention's (CDC) Division of Global Migration and Quarantine (DGMQ). CDC is a component of the U.S. Department of Health and Human Services. I serve as a Quarantine Medical Officer with DGMQ. I have served in this capacity since (month) (year). My duties include working with CDC subject matter experts (SMEs), and State and local health departments, to identify persons with specified communicable diseases and [to determine when and how it is safe for them to travel on international conveyances without transmitting infection to others]. [to prevent the spread of communicable diseases from one state into another].
- 3) The primary mission of DGMQ is to work with federal agencies, state and local health departments, the travel industry, and other organizations to prevent the introduction, transmission, and spread of communicable diseases into the United States and from one state into another.
- 4) *[Provide brief background on medical education and training]*

- 5) *[Insert background information on quarantinable disease, e.g., outbreaks in foreign countries, case counts or deaths in the United States].*
- 6) *[Insert information on quarantinable disease, e.g., modes of transmission, periods of incubation and communicability, treatment options].*
- 7) *[Indicate whether the disease has been declared a Public Health Emergency of International Concern under the International Health Regulations or if the HHS Secretary or Director has declared a public health emergency].*
- 8) It is my professional judgment that, based upon the information and evidence cited herein, that the Patient referenced in Paragraph 1, is reasonably believed *[for interstate isolation only, indicate that a finding has been made, otherwise use reasonably believed]* to be *[exposed to] [infected with] [name of quarantinable disease]*, a communicable disease for which *[quarantine] [isolation]* is authorized pursuant to Section 361 of the Public Health Service Act (42 U.S.C. § 264) and 42 CFR §§ 42 C.F.R. § 70.6 (for interstate) or 42 C.F.R. § 71.32(a) (for foreign).
- 9) I base my opinion on knowledge *[I obtained through clinical, epidemiologic or laboratory investigation conducted by me personally] [related to me by others in a position of knowledge]*. This includes *[describe with particularity the epidemiologic evidence, travel history, and potential for exposure; or clinical signs and symptoms, and laboratory or radiologic evidence indicative of infection for this particular individual]*
- 10) *[For interstate quarantine and isolation only, indicate whether the patient is in a communicable stage of the disease or, if in a precommunicable stage, that the infection would be likely to cause a public health emergency if it progressed to a communicable stage and were transmitted to other individuals.]*

11) *[If based on other than personal knowledge, preface with Upon information and belief]*

The Patient referenced in Paragraph 1, [arrived into the United States from (indicate country or U.S. possession and flight information)] [was moving within the United States from one state to another (point of departure and arrival and flight information), or [if not directly moving] constitutes a probable source of infection to others who will be moving within the United States from one state to another].

12) [A full medical examination of the Patient is recommended to establish the extent of disease and contagiousness].

13) Accordingly, pursuant to Section 361 of the Public Health Service Act (42 U.S.C. § 264), I have reason to believe [for interstate isolation only use: find] that a [quarantine] [isolation] [and medical examination] order should be issued requiring that the Patient referenced in Paragraph 1, remain in [quarantine] [isolation] at [insert name of facility or home address] [until observation, clinical evidence or laboratory testing determines that the Patient is non-infectious] [until treated].

14) In accordance with 28 U.S.C. § 1746, I declare under penalty of perjury that the foregoing is true and correct to the best of my knowledge and belief.

Signed this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_

*[Name, Title & Signature of Medical Officer]*

Division of Global Migration & Quarantine  
Centers for Disease Control and Prevention

**U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES  
CENTERS FOR DISEASE CONTROL AND PREVENTION  
ORDER PURSUANT TO SECTION 361  
OF THE PUBLIC HEALTH SERVICE ACT  
[CONTINUING] [MODIFYING] [QUARANTINE] [ISOLATION]  
AFTER 72-HOUR REASSESSMENT (INTERSTATE)**

On (date), CDC served (insert patient name) with an order pursuant to section 361 of the Public Health Service Act (42 U.S.C. § 264) for [quarantine] [isolation] because the patient was [reasonably believed] [found to be] [infected with a quarantinable disease] [infected with a quarantinable disease, including having been exposed to the infectious agent that causes a quarantinable disease].

On (date), a reassessment of the order was conducted pursuant to 42 C.F.R. § 70.6. This reassessment included a review of the following records considered by CDC in issuing the order: [Specify records that were reviewed during the reassessment, i.e., medical records, travel records], [if applicable, insert the following], as well as new records that that were not available during the issuance of the original order: [Specify records that were not available during the reassessment, i.e., medical records, travel records]

[Having completed the aforementioned reassessment and having reviewed all of the records considered by the agency in issuing the original order, as well as those which have become available since the issuance of that order, I find that the order was appropriately issued and remains necessary to protect the public's health.]

[Having completed the aforementioned reassessment and having reviewed all of the records considered by the agency in issuing the original order, as well as those that have become available since the issuance of that order, I find that the order was appropriately issued, but should now be modified as follows: (Specify how quarantine or isolation conditional release should be modified, e.g., move to home quarantine.)]

Accordingly, I ORDER, that the (insert date of order), order of [quarantine] [isolation] [conditional release] be [CONTINUED] [MODIFIED].

The patient may request a medical review of the [quarantine] [isolation] order in accordance with 42 C.F.R. § 70.6 by calling [specify phone number or other means of requesting a medical review].

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(Signature of Authorizing Official)

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Print Name and Title of Authorizing Official

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(Date)

**DEPARTMENT OF HEALTH AND HUMAN SERVICES  
CENTERS FOR DISEASE CONTROL AND PREVENTION**

**ORDER PURSUANT TO SECTION 361  
OF THE PUBLIC HEALTH SERVICE ACT**

**(Quarantine Order – Foreign and U.S. Possessions)**

**SECTION A: SUBJECT INFORMATION**

Name:

DOB:

Port of Entry:

Date/Time of Arrival:

Travel Document or other ID #:

Contact information:

Address while in the United States: \_\_\_\_\_

Phone: \_\_\_\_\_

**SECTION B: FINDINGS**

Based upon the medical declaration, attached hereto and incorporated by reference, I make the following findings and conclusions:

1. CDC reasonably believes that you have been exposed to the infectious agent that causes] [insert the applicable *quarantinable disease*. [Insert disease] is a quarantinable disease in the United States of America.
2. Public health restrictions, including quarantine is authorized pursuant to section 361 of the Public Health Service Act (42 U.S.C. § 264) and 42 CFR §71.32. Quarantine is supported by the facts set forth in the medical declaration, which is attached hereto and incorporated by reference.
3. [If further medical examination or testing is ordered add the following, if not delete paragraph.] Medical examination and/or testing are supported by the facts set forth in the medical declaration, which is attached hereto and incorporated by reference.
4. Based on these reasonable beliefs, I HEREBY ORDER THAT YOU REMAIN IN QUARANTINE.
5. This order shall take effect immediately and continue until [CDC finds that you are not infected] [CDC finds that you are no longer infected or capable of infecting others] or [CDC finds that you have been placed under a state or local quarantine order and that order is sufficient to protect public health.]

6. *[Add other findings here if relevant, if not, delete this paragraph]*

#### SECTION C: PLACE OF [QUARANTINE] [AND MEDICAL EXAMINATION]

Place of [Quarantine] [and Medical Examination]

Street Address:

City/State/Zip:

Phone number:

#### SECTION D: REQUIREMENTS

1. *[Add if further medical examination or testing may be necessary, otherwise delete this paragraph]* You shall undergo such medical examination and testing as necessary to ascertain your health status currently and throughout the duration of your [quarantine].
2. You shall take precautions, as directed by medical staff and CDC personnel, to prevent the spread of the disease to others.
3. You shall provide information to CDC and cooperate with efforts of federal and state or local authorities to contact possibly exposed persons as may be necessary to determine the presence or extent of infection, including but not limited to information regarding people you had contact with, places you visited or worked at, and your medical history.
4. *[Add other requirements consistent with regulations here, otherwise delete this paragraph].*

#### SECTION E: NOTICE

1. **Legal Authority:** CDC has ordered that you be quarantined because CDC reasonably believes that you are infected with a quarantinable disease, including having been exposed to the infectious agent that causes such quarantinable disease, and are in the qualifying stage of the quarantinable disease. Quarantine is authorized pursuant to section 361 of the Public Health Service Act (42 U.S.C. § 264) and 42 CFR § 71.32. *[CDC may also direct that you undergo medical examination and testing as necessary.]*
2. *[Add if further medical examination or testing may be necessary, otherwise delete:]* **Medical Examination:** Any medical examinations conducted pursuant to this order will be performed by licensed health care staff that will have primary responsibility for your clinical care. CDC will provide input and consultation to health staff on issues relating to the diagnosis, management, and methods for preventing the transmission of communicable diseases.
3. **Duration of Quarantine:** CDC has ordered that you remain in quarantine until *[CDC finds that you are not infected] [CDC finds that you are no longer infected or*

*capable of infecting others]. You will be immediately released from quarantine once CDC makes these findings.*

**4. Automatic 72-Hour Reassessment:** CDC will reassess this order no later than 72 hours after you have been served with this order. CDC will review all the records considered by CDC in issuing this order, including any medical records or other records that may indicate exposure which have been provided by you or another individual on your behalf, and any new information obtained since the quarantine order was issued. At that time, CDC will also consider whether less restrictive alternatives would adequately protect the public health. At the completion of the reassessment, CDC will issue a written order directing that the quarantine be continued, modified, or rescinded.

**5. Medical Review.** If at the completion of the reassessment, CDC orders that you remain in quarantine, you may request a medical review while you are still under quarantine. The medical review is not automatic; you must specifically request a medical review by calling the phone number listed on this Order. If you request a medical review, CDC will arrange for the medical review to occur as soon as practicable. During the medical review, you may present medical facts or other evidence before a medical reviewer (i.e., a medical doctor with specialized knowledge of quarantinable diseases) to refute CDC's reasonable belief that you were exposed to a communicable disease for which federal isolation or quarantine is authorized. CDC will appoint a medical representative to assist you with the medical review if you are indigent<sup>1</sup> and request appointment of a medical representative.

**6. Health Monitoring.** CDC will remain apprised of your health condition so that the time that you remain quarantine will not last longer than necessary to prevent the potential spread of the quarantinable disease. During the time you are in quarantine you must cooperate with the instructions of health care staff and other authorized personnel.

**7. Penalties for Violating this Order.** You must comply with the requirements listed in this order to protect your health, the health of those with whom you may have come into contact, and the public's health. Violations of this order may subject you to a fine of no more than \$250,000 and/or one year in jail, as authorized by 42 U.S.C. § 271; 18 U.S.C. §§ 3559, 3571; and under 42 C.F.R. [§ 71.2 or as otherwise provided by federal law.

**8. Whom to Call About this Order.** If you have any questions regarding this Order you should call CDC's Emergency Operations Center at (770) 488-7100 and ask to speak to an official in the Quarantine and Border Health Services Branch of the Division of Global Migrations and Quarantine.

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<sup>1</sup> "Indigent" means an individual whose annual family income is below 150% of the applicable poverty guidelines updated periodically in the Federal Register by HHS under the authority of 42 U.S.C. 9902(2) or possesses liquid assets totaling less than 15% of the applicable poverty guidelines if no income is earned.

**SECTION F: AUTHORIZING OFFICIAL**

[Printed Name & Title of Authorizing Official]

Signature

Date

**NOTICE TO U.S. CUSTOMS OFFICERS, U.S. COAST GUARD  
OFFICERS OR OTHER FEDERAL, STATE AND LOCAL LAW  
ENFORCEMENT OFFICIALS:**

Under 42 U.S.C. § 268, U.S. Customs and U.S. Coast Guard Officers are required to aid in the enforcement of federal quarantine rules and regulations. Under 42 U.S.C. § 243, the U.S. Department of Health and Human Services is authorized to cooperate with and aid State and local authorities in the enforcement of their quarantine and other health regulations and to accept state and local assistance in the enforcement of federal quarantine rules and regulations.

Violation of this order, in whole or in part, as well as other federal quarantine rules and regulations, constitutes a criminal misdemeanor, punishable by a fine and/or imprisonment pursuant to federal law, including 42 U.S.C. § 271 and 18 U.S.C. §§ 3559 and 3571, as may be amended from time to time.

DEPARTMENT OF HEALTH AND HUMAN SERVICES  
Centers for Disease Control and Prevention  
Atlanta, Georgia 30333

- I. **TITLE:** 72-Hour Reassessment of quarantine and isolation orders issued under section 361 of the Public Health Service Act (42 U.S.C. § 264) and 42 C.F.R. §§ 70.6, 71.32, and 71.33.
- II. **PURPOSE:** An order for quarantine or isolation issued under 42 C.F.R. §§ 70.6, 71.32, or 71.33, will be reassessed within 72-hours after the service of such an order. Upon completing the reassessment, the Director or a designee will order that the quarantine or isolation be continued, modified, or rescinded.
- III. **CONDUCT OF THE REASSESSMENT:**
  - a. An order for quarantine or isolation will be reassessed within 72-hours after the service of such an order. The reassessment will be *de novo*, meaning that the medical evidence will be examined anew. The reassessment will include a review of all records considered by CDC in issuing the quarantine or isolation order, including clinical, diagnostic, and other medical records, as well as any new information available since the order was served. No hearing will be conducted at this time.
  - b. Upon completing the reassessment, the Director or a designee will issue a written order that the quarantine or isolation be continued, modified, or rescinded. The order will be promptly served on the individual or group in quarantine or isolation, except that the order may be served by publication or posting, if the Director or a designee finds that individual service would be contrary to the public interest.
  - c. A written order continuing or modifying the quarantine or isolation will include a statement explaining that the individual may request a medical review or if a medical review was conducted previously, may request a second medical review, but based only on new facts or medical evidence.
  - d. CDC may dispense with a reassessment if the order was previously reassessed. For instance if the individual was originally bound under a quarantine order (in the same matter) and that order was modified to an isolation order; a written order dispensing with a second reassessment may be issued to the individual.
  - e. A written order dispensing with a reassessment will include a statement that the individual may request a medical review or, alternatively, if a medical review was conducted previously a statement that the individual may request a second medical review, but based only on new facts or medical evidence. The order will be promptly served on the individual or group in quarantine or isolation, except that the order may be served by publication or posting, if the Director or a designee finds that individual service would be contrary to the public interest.

c. As part of the reassessment and in determining whether the quarantine or isolation order should be continued or modified, the Director or a designee will consider whether less restrictive alternatives would adequately protect the public health.

**V. SUSPENSION OR MODIFICATION:** In the event of a public health emergency the Director, with the concurrence of the Secretary of the Department of Health and Human Services, may suspend or modify any or all of these procedures, commensurate with the circumstances of the emergency, if the Director or Secretary finds that adhering to such procedures would be contrary to the public interest.

**U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES  
CENTERS FOR DISEASE CONTROL AND PREVENTION  
ORDER PURSUANT TO SECTION 361  
OF THE PUBLIC HEALTH SERVICE ACT  
[CONTINUING] [MODIFYING] [QUARANTINE] [ISOLATION]  
AFTER 72-HOUR REASSESSMENT (FOREIGN AND POSSESSIONS)**

On (date), CDC served (insert patient name) with an order pursuant to section 361 of the Public Health Service Act (42 U.S.C. § 264) for [quarantine] [isolation] because the patient was reasonably believed to be [infected with a quarantinable disease] [infected with a quarantinable disease, including having been exposed to the infectious agent that causes a quarantinable disease].

On (date), a reassessment of the order was conducted pursuant to 42 C.F.R. § [71.32 (quarantine) 71.33 (isolation)]. This reassessment included a review of the following records considered by CDC in issuing the original order: [Specify records that were reviewed during the reassessment, i.e., medical records, travel records], [if applicable, insert the following] as well as new records that were not available during the issuance of the original order: [Specify records that were not available during the reassessment, i.e., medical records, travel records]

*If decision is to continue, insert the following language: [Having completed the aforementioned reassessment and having reviewed all of the records considered by the agency in issuing that order, I find that the order was appropriately issued and remains necessary to protect the public's health.]*

*If decision is to modify, insert the following language: [Having completed the aforementioned reassessment and having reviewed all of the records considered by the agency in issuing that order, I find that the order was appropriately issued, but should now be modified as follows: (Specify how quarantine or isolation should be modified, e.g., move to home quarantine.)]*

Accordingly, I ORDER, that the (insert date of order), order of [quarantine] [isolation] [conditional release] be [CONTINUED] [MODIFIED].

*The patient may request a medical review of the [quarantine] [isolation] order in accordance with 42 C.F.R. § [71.32 (quarantine)] [71.33 (isolation)] by calling [specify phone number or other means of requesting a medical review].*

(Signature of Authorizing Official)

Name and Title of Authorizing Official

(Date)

**DEPARTMENT OF HEALTH AND HUMAN SERVICES  
CENTERS FOR DISEASE CONTROL AND PREVENTION**

**ORDER PURSUANT TO SECTION 361  
OF THE PUBLIC HEALTH SERVICE ACT**

**(Quarantine/Isolation Order - Interstate)**

**SECTION A: SUBJECT INFORMATION**

Name: \_\_\_\_\_

DOB: Port of Entry: \_\_\_\_\_

Date/Time of Arrival: \_\_\_\_\_

Travel Document or other ID #: \_\_\_\_\_

Contact information:

Permanent Address: \_\_\_\_\_

Phone: \_\_\_\_\_

**SECTION B: FINDINGS**

Based upon the medical declaration, attached hereto and incorporated by reference, I make the following findings and conclusions:

1. CDC reasonably believes that you are *[infected with] [were exposed to the infectious agent that causes] [insert the applicable quarantinable disease]*. *[Insert disease]* is a quarantinable disease in the United States of America.
2. *[Quarantine] [Isolation]* is authorized pursuant to section 361 of the Public Health Service Act (42 U.S.C. § 264) and 42 CFR § 70.6. *[Quarantine] [Isolation]* is supported by the facts set forth in the medical declaration, which is attached hereto and incorporated by reference.
3. *[If further medical examination or testing is ordered add the following. If not delete paragraph.]* The requirement for a medical examination and/or testing is supported by the facts set forth in the medical declaration, which is attached hereto and incorporated by reference.
4. CDC *[reasonably believes that you are in the qualifying stage of the quarantinable disease, meaning that CDC reasonably believes you are in a communicable stage of the quarantinable disease] [reasonably believes you are in the precommunicable stage of the quarantinable disease and that the quarantinable disease would be likely to cause a public health emergency if it progressed to a communicable stage and were transmitted to other individuals] [has found that you are in the qualifying stage of the quarantinable*

*disease, meaning that CDC has found that you are in a communicable stage of the quarantinable disease] has found that you are in the pre-communicable stage of the quarantinable disease and that the quarantinable disease would be likely to cause a public health emergency if it progressed to a communicable stage and were transmitted to other individuals].*

5. CDC *[reasonably believes that you are moving or about to move from one State to another State] [reasonably believes that you constitute a probable source of infection to other individuals who will be moving from a State to another State].*

6. *[Based on these reasonable beliefs, I HEREBY ORDER THAT YOU REMAIN IN QUARANTINE] [Based on these findings, I HEREBY ORDER THAT YOU REMAIN IN ISOLATION]*

7. This order shall take effect immediately and continue until *[CDC finds that you are not infected] [CDC finds that you are no longer infected or capable of infecting others].*

8. *[Add other findings here if relevant, if not, delete this paragraph]*

**SECTION C: PLACE OF [QUARANTINE] [ISOLATION] [AND MEDICAL EXAMINATION]**

Place of *[Quarantine] [Isolation] [and Medical Examination]*

Street Address:

City/State/Zip:

Phone number:

**SECTION D: REQUIREMENTS**

1. *[Add if further medical examination or testing may be necessary, otherwise delete this paragraph] You shall undergo such medical examination and testing as necessary to ascertain your health status currently and throughout the duration of your [quarantine] [isolation].*

2. You shall take precautions, as directed by medical staff and CDC personnel, to prevent the spread of the disease to others.

3. You shall provide information to CDC and cooperate with efforts of federal and state or local authorities to contact possibly exposed persons as may be necessary to determine the presence or extent of spread of infection, including but not limited to information regarding people you had contact with, places you visited or worked at, and your medical history.

4. *[Add other requirements consistent with regulations here, otherwise delete this paragraph].*

SECTION E: NOTICE

1. **Legal Authority:** CDC has ordered that you be *[quarantined] [isolated]* because CDC *reasonably believes that you are infected with a quarantinable disease, including having been exposed to the infectious agent that causes such quarantinable disease, and are in the qualifying stage of the quarantinable disease]* *[has found that you are infected with a quarantinable disease in its qualifying stage]*. *[Quarantine] [Isolation]* is authorized pursuant to section 361 of the Public Health Service Act (42 U.S.C. § 264) and 42 C.F.R. § 70.6. *[CDC may also direct that you undergo medical examination and testing as necessary.]*
2. *[Add if further medical examination or testing may be necessary, otherwise delete.]* **Medical Examination:** Any medical examinations conducted pursuant to this order will be performed by licensed health care staff that will have primary responsibility for your clinical care. CDC will provide input and consultation to health staff on issues relating to the diagnosis, management, and methods for preventing the transmission of communicable diseases.
3. **Duration of [Quarantine] [Isolation]:** CDC has ordered that you remain in *[quarantine] [isolation]* *[until CDC finds that you are not infected]* *[until CDC finds that you are no longer infected or capable of infecting others]*. You will be immediately be released from federal *[quarantine] [isolation]* once CDC makes these findings.
4. **Automatic 72-Hour Reassessment:** CDC will reassess this order no later than 72 hours after you have been served with this order. CDC will review all the records considered by CDC in issuing this order, including any medical records or other records that may indicate *[exposure], [infection], and any other information available since the order was issued]*. At that time, CDC will also consider whether less restrictive alternatives would adequately protect the public health. At the completion of this reassessment, CDC will issue a written order directing that the *[quarantine] [isolation]* be continued, modified, or rescinded.
5. **Medical Review.** If at the completion of the reassessment, CDC orders that you remain in *[quarantine] [isolation]*, you may request a medical review at any time while you are still under *[quarantine] [isolation]*. The medical review will not be automatic; you must specifically request a medical review and may do so by calling the number listed on this order in paragraph 8. If you request a medical review, CDC will arrange for the medical review to occur as soon as practicable. During the medical review, you may present medical facts or other evidence before a medical reviewer (i.e., a medical doctor) to refute CDC's *reasonable belief* *[finding]* that you *may be infected with, including having been exposed to the infectious agent that causes]* *[are infected with]* a quarantinable disease. You may appoint your own medical representative(s) to assist you with the medical review at your own expense. CDC will appoint a medical representative to assist you with the medical review if you are indigent and request appointment of a medical representative.

6. **Health Monitoring.** CDC will monitor your health condition so that the time that you remain under federal [quarantine] /isolation/ will not last longer than necessary to prevent the [potential] spread of the quarantinable disease. During the time you are in [quarantine] /isolation/ you must cooperate with the instructions of health care staff and other authorized personnel.

7. **Penalties for Violating this Order.** You must comply with the requirements listed in this order to protect your health, the health of those with whom you may have come into contact, and the public's health. Violations of this order may subject you to a fine of no more than \$250,000 and/or one year in jail, as authorized by 42 U.S.C. § 271; 18 U.S.C. §§ 3559, 3571; and under 42 C.F.R. § 70.12, or as otherwise provided by federal law.

8. **Whom to Call About this Order.** If you have any questions regarding this order you should call CDC's Emergency Operations Center at (770) 488-7100 and ask to speak to an official in the Quarantine and Border Health Services Branch of the Division of Global Migration and Quarantine.

**SECTION E: AUTHORIZING OFFICIAL**

Signature of Authorizing Official

[Name & Title of Authorizing Official]

Date

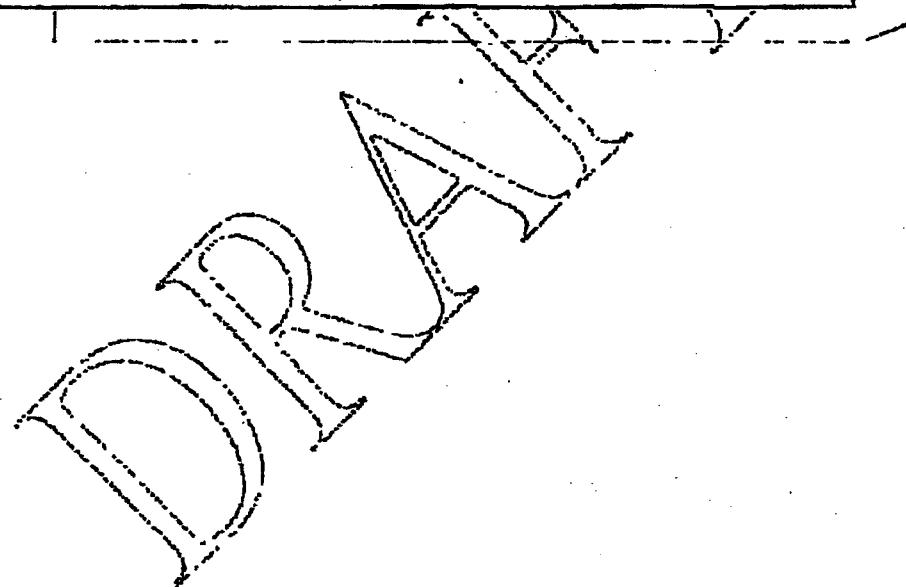
**NOTICE TO U.S. CUSTOMS OFFICERS, U.S. COAST GUARD  
OFFICERS OR OTHER FEDERAL, STATE AND LOCAL LAW  
ENFORCEMENT OFFICIALS:**

Under 42 U.S.C. § 268, U.S. Customs and U.S. Coast Guard Officers are required to aid in the enforcement of federal quarantine rules and regulations. Under 42 U.S.C. § 243, the U.S. Department of Health and Human Services is authorized to cooperate with and aid State and local authorities in the enforcement of their quarantine and other health regulations and to accept state and local assistance in the enforcement of federal quarantine rules and regulations.

Violation of this order, in whole or in part, as well as other federal quarantine rules and regulations, constitutes a criminal misdemeanor, punishable by a fine and/or imprisonment pursuant to federal law, including 42 U.S.C. § 271 and 18 U.S.C. §§ 3559 and 3571, as may be amended from time to time.

Comment (NCI): Either "violations" or "constitutes" should be changed.

Is "punishable for" correct? Maybe "by" or "with"?



I, Lila Dubert, attest that I served the defense with attached pleadings on 05.04.15 via first class mail



A handwritten signature in black ink, appearing to read "Lila Dubert", is written over a horizontal line. To the left of the signature, the handwritten text "/s/" is enclosed in a small oval. Below the signature, there is a short horizontal line.

Lila Dubert